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APPLICANT  
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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED PROVISIONAL APPLICATION NO. 60/003,931 09/18/95

f2

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
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\*\*FOREIGN APPLICATIONS\*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/08/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged Examiner's Initials	<u>f2</u> Initials	MD	0	<u>72</u> 17	1

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TITLE	NEUTRALIZING MONOClonal ANTIBODIES TO RESPIRATORY SYNcytial VIRUS
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FILING FEE RECEIVED \$2,334	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issuē) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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